

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Southern Express IncTelephone: 919-682-8767Address: Southern Express IncFax: 919-629-72452531 Schieffelin RoadOther: 919-618-1638Apex NC 27502Email: vhoover@southernexpress.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

APR 23 2021

PSCSC
Clerks Office

ji

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 4-6-2021

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Southern Express Inc
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
2531 Schieffelin Road Apex NC 27502
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
919-682-8767 919-629-7245
Phone Fax
vance@southernexpress.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

R Vance Hoover 348 Wingnut Court Holly Springs NC 27540



Equipment List for:

SOUTHERN EXPRESS, INC.

Insd. #	Company # Sym.	Year	Description Owner/Operator	Serial Number	\$ Value	GVW	Radius	Zone
		Loss Payee	Additional Insured				Date On	Date Off
100	Bus	2005	SETRA NOT TAGGED	WKA34CD153000265	45,000	55 PASS	SP ONLY	5-15-2018
101		2007	SETRA	WKA34CD573000465	75,000	55 PASS	SP ONLY	2-26-2010
			ADVANTAGE FUNDING COMMERCIAL	P O BOX 1839 PORTLAND OR 97207-1839				
			ADVANTAGE FUNDING COMMERCIAL	P O BOX 1839 PORTLAND OR 97207-1839				
102		2007	SETRA	WKA34CD973000453	75,000	55 PASS	SP ONLY	4-20-2018
			United Leasing, Inc./ FIFTH THIRD BANK	P O BOX 5089 Evansville IN 47716				
			United Leasing, Inc./ Fifth	P O BOX 5089 Evansville IN 47716				
103		2007	SETRA	WKA34CD273000441	75,000	55 PASS	SP ONLY	6-7-2010
			SOUTHERN BANK AND TRUST CO	P.O. BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO	P.O. BOX 510 MOUNT OLIVE NC 28365				
104		2006	SETRA	WKA34CD763000398	65,000	55 PASS	SP ONLY	6-17-2010
			SOUTHERN BANK AND TRUST CO.	P O BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO	P O BOX 510 MOUNT OLIVE NC 28365				
105		2006	SETRA	WKA34CD063000338	65,000	55 PASS	SP ONLY	10-6-2010
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
106		2007	SETRA	WKA34CD773000452	75,000	55 PASS	SP ONLY	10-6-2010
			SOUTHERN BANK AND TRUST	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST	PO BOX 510 MOUNT OLIVE NC 28365				
107		2008	SETRA	WKA34DD883000606	90,000	55 PASS	SP ONLY	3-2-2011
			SOUTHERN BANK AND TRUST CO	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
108		2008	SETRA	WKA34DH483000685	90,000	55 PASS	SP ONLY	3-2-2011
			SIGNATURE FINANCIAL, LLC	225 BROADHOLLOW ROAD, MELVILLE NY 1147				
			DAIMLER TRUST	13650 HERITAGE PARKWAY FORT WORTH TX 76177				

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0679

**SOUTHERN EXPRESS, INC.**

Insd. #	Company #	Year	Description	Serial Number	\$ Value	GVW	Radius	Zone
	Sym.		Owner/Operator				Date On	Date Off
			Loss Payee					
			Additional Insured					
109		2008	SETRA	WKKA34DD783000600	90,000	55 PASS	SP ONLY	
							3-24-2011	
			SOUTHERN BANK AND TRUST PO BOX 510 MOUNT OLIVER NC 28365					
			SOUTHERN BANK AND TRUST PO BOX 510 MOUNT OLIVE NC 28365					
110		2006	SETRA	WKKA34CD863000376	75,000	55 PASS	SP ONLY	WC
							5-2-2011	
			SOUTHERN BANK AND TRUST CO PO BOX 510 MOUNT OLIVE NC 28365					
			SOUTHERN BANK AND TRUST CO. PO BOX 510 MOUNT OLIVE NC 28365					
115		2016	Prevost	2PCH33492GC713229	400,000	56 PASS	SP ONLY	
			Bus				2-29-2016	
			FLEET FINANCING RESOURCING LLC P O BOX 35702 BILLINGS MT 59107-5702					
			FLEET FINANCING RESOURCING LLC P O BOX 35702 BILLINGS MT 59107-5702					
116		2016	Prevost	2PCH33499GC713230	385,000	56 PASS		
			Bus				2-29-2016	
			STERLING NATIONAL BANK 500 SEVENTH AVE NEW YORK NY 10018					
			STERLING NATIONAL BANK 500 SEVENTH AVE NEW YORK NY 10018					
117		2014	PREVOST	2PCH33492DC712142	225,000	55 PAX	SP ONLY	
			Motorcoach				5-24-2017	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
118		2014	PREVOST	2PCH33495EC712573	250,000	55 PAX	SP ONLY	
			Motorcoach				4-6-2017	
			VFS US LLC AND ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC AND ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
119		2018	PREVOST	2PCH33498JC710066	450,000	56 PAX	SP ONLY	
			Motorcoach				1-26-2018	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 66225 OVERLAND PARK KS 66225					
120		2018	PREVOST	2PCH33494JC710100	450,000	56 PAX	UNL	
			Motorcoach				1-26-2018	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
201		2006	SETRA	WKKA34CD263000387	80,000	55 PASS	SP ONLY	
			Bus				1-19-2017	
			WESTERN EQUIPMENT FINANCE, INC 654 AMHERST ROAD SUNDERLAND MA 01375					
			WESTERN EQUIPMENT FINANCE, INC 654 AMHERST ROAD SUNDERLAND MA 01375					

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0879

**Service Insurance Agency, LLC**

Serving the Transportation Industry since 1952

SOUTHERN EXPRESS, INC.

Insd. #	Company #	Year	Description	Serial Number	\$ Value	GVW	Radius	Zone
	Sym.		Owner/Operator				Date On	
		Loss Payee						Date Off
			Additional Insured					
202		2006	SETRA	WKKA34CD463000388	80,000	55 PASS	SP ONLY	
	Bus						1-19-2017	
			WESTERN EQUIPMENT FINANCE, INC	654 AMHERST ROAD	SUDERLAND	MA 01375		
			WESTERN EQUIPMENT FINANCE, INC	654 AMHERST ROAD	SUDERLAND	MA 01375		
BA		2000	MERCURY	2MEFM75W6YX632257				
	PPT						8-5-2013	
Total Value of All Units for this Customer					\$3,140,000			

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0679

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Southern Express Inc

Name of Applicant

2531 Schieffelin Road Apex NC 27502

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 173,618.00

Limits 5,000,000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Lancer Insurance

Name of Insurance Company

370 West Park Avenue P.O. Box 9004 Long Beach, NY 11561

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Southern Express Inc
 Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Richard Vance Hoover

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

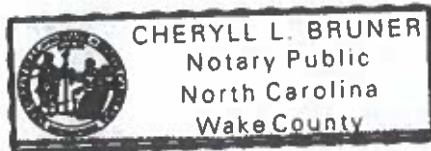
STATE OF ^{North} ~~SOUTH~~ CAROLINA)
COUNTY OF Wake)

SWORN TO BEFORE ME
This 6th day of April, 20 21

Cheryll L. Bruner

Notary Public

Commission Expires 1.25.25



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Southern Express Inc

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

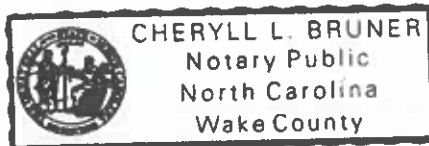
I, R Vance Hoover, verify under penalty of perjury under the laws of the State of ^{North}~~South~~ Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Richard Vance Hoover
Applicant's Signature

This 6th SWORN TO BEFORE ME day of April, 2021


Cheryl L Bruner
Notary Public

Commission Expires 1-25-25

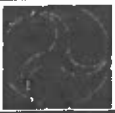


Print Application

UNITED STATES DEPARTMENT OF TRANSPORTATION

	US DOT # 1984638	Legal: SOUTHERN EXPRESS INC Operating (DBA):	
MC/MX #: 702657		Federal Tax ID	
Review Type: Compliance Review (CR)			
Scope: Principal Office		Location of Review/Audit: Company facility in the U. S. Territory:	
Operation Types Interstate Intrastate			
Carrier: Non-HM N/A Shipper: N/A N/A Cargo Tank: N/A		Business: Corporation Gross Revenue: \$2,950,934.00 for year ending: 12/31/2017	
Company Physical Address:			
2531 SCHIEFFELIN ROAD APEX, NC 27502			
Contact Name: Thomas Robinson, Safety & Compliance Manager Phone numbers: (1) 919-682-8767 (2) 919-618-1638 Fax 919-682-8767 E-Mail Address: thomas@southernexpress.com			
Company Mailing Address:			
2531 SCHIEFFELIN ROAD APEX, NC 27502			
Carrier Classification			
Authorized for Hire			
Cargo Classification			
Passengers			
Equipment			
	Owned	Term Leased	Trip Leased
Motor Coach	19	0	0
Power units used in the U.S.: 19			
Percentage of time used in the U.S.: 99			
Does carrier transport placardable quantities of HM? No			
Is an HM Permit required? N/A			
Driver Information			
	Inter	Intra	Average trip leased drivers/month: 0
< 100 Miles:			Total Drivers: 28
>= 100 Miles:	28		CDL Drivers: 28




	SOUTHERN EXPRESS INC U.S. DOT #: 1984638	Review Date: 10/10/2018
Part A		
Questions about this report or the Federal Motor Carrier Safety or Hazardous Materials regulations may be addressed to the Federal Motor Carrier Safety Administration at: 310 New Bern Avenue, Suite 468 Raleigh, NC 27601 Phone: (919)856-4378 Fax: (919)856-4369		
This report will be used to assess your safety compliance.		
<u>Person(s) Interviewed</u>		
Name: Vance Hoover		Title: President
Name: Thomas Robinson		Title: Safety & Compliance Manager



		SOUTHERN EXPRESS INC U.S. DOT #: 1984638		Review Date: 10/10/2018	
Part B Violations					
1 FEDERAL ACUTE	Primary: 383.37(a)	Discovered 1	Checked 20	Drivers/Vehicles In Violation 1	Checked 20
Description Allowing, requiring, permitting, or authorizing a driver to operate a CMV during any period in which the driver does not have a current CLP or CDL or does not have a CLP or CDL with the proper class or endorsements. An employer may not use a driver to operate a CMV who violates any restriction on the driver's CLP or CDL.					
Example Driver name, John Hector Atkins Trip date, 10/04/2018 Vehicle description, Motorcoach Description of violation, Driver does not have a Passenger Endorsement on his CDL.					
2 FEDERAL	Primary: 390.15(b)	Discovered 1	Checked 1	Drivers/Vehicles In Violation	Checked
Description Failing to maintain, for a period of three years after an accident occurs, an accident register.					
Example Driver name, William O'Daniel Accident, 07/06/2018 Discription of violation: There is no registry which identifies; A list of accidents as defined at §390.5 of this chapter containing for each accident: (i) Date of accident. (ii) City or town, or most near, where the accident occurred and the State where the accident occurred. (iii) Driver Name. (iv) Number of injuries, (v) Number of fatalities. (vi) Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released.					
3 FEDERAL	Primary: 391.51(b)(2)	Discovered 1	Checked 8	Drivers/Vehicles In Violation 1	Checked 8
Description Failing to maintain inquiries into driver's driving record in driver's qualification file.					
Example Driver name, Anastasia M. Cummings Trip date, 02/22/2017 Discription of violation; Driver Cummings was hired on 02/15/2017, MVR was not ran and put in her qualification file until 04/06/2017. Driver Cummings made first trip on 02/22/2017.					
4 FEDERAL	Primary: 395.5(a)(1)	Discovered 4	Checked 210	Drivers/Vehicles In Violation 2	Checked 7
Description Requiring or permitting a passenger-carrying commercial motor vehicle driver to drive more than 10 hours.					
Example Trip date August 8, 2018 Driver name, Michael Cook Violation Description; On 08/08/2018 at 5:15 pm, drove 6 hours 15 minutes over the ten hour rule.					



 SOUTHERN EXPRESS INC U.S. DOT #: 1984638		Review Date: 10/10/2018																													
Part B Violations																															
5 FEDERAL	Primary: 395.5(a)(2)	Discovered 3	Checked 210 Drivers/Vehicles In Violation 2 Checked 7																												
Description Requiring or permitting a passenger-carrying commercial motor vehicle driver to drive after having been on duty 15 hours. Example Trip date, August 09, 2018 Driver name; Michael Cook Description of Violation; on 08/09/2018 at 12:01 am, drove in violations of the 15 hour rule for 1 hour 15 minutes.																															
Safety Fitness Rating Information: Total Miles Operated 756,190 Recordable Accidents 0 Recordable Accidents/Million Miles 0.00		OOS Vehicle (CR): 0 Number of Vehicle Inspected (CR): 5 OOS Vehicle (MCMIS): 0 Number of Vehicles Inspected (MCMIS): 0																													
Your proposed safety rating is : <div style="text-align: center; font-size: 1.2em;">SATISFACTORY</div>		<table border="1"> <thead> <tr> <th>Rating Factors</th> <th></th> <th>Acute</th> <th>Critical</th> </tr> </thead> <tbody> <tr> <td>Factor 1:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 2:</td> <td>C</td> <td>1</td> <td>0</td> </tr> <tr> <td>Factor 3:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 4:</td> <td>S</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 5:</td> <td>N</td> <td>0</td> <td>0</td> </tr> <tr> <td>Factor 6:</td> <td>S</td> <td>-</td> <td>-</td> </tr> </tbody> </table>		Rating Factors		Acute	Critical	Factor 1:	S	0	0	Factor 2:	C	1	0	Factor 3:	S	0	0	Factor 4:	S	0	0	Factor 5:	N	0	0	Factor 6:	S	-	-
Rating Factors		Acute	Critical																												
Factor 1:	S	0	0																												
Factor 2:	C	1	0																												
Factor 3:	S	0	0																												
Factor 4:	S	0	0																												
Factor 5:	N	0	0																												
Factor 6:	S	-	-																												

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.





NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SOUTHERN EXPRESS INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of January, 2010, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of April, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.

POLICY NUMBER: BA162980#11
CUSTOMER NUMBER: 219072COMMERCIAL AUTO
CA DS 03 11 18**BUSINESS AUTO DECLARATIONS**

Lancer Insurance Company 370 West Park Avenue, P.O. Box 9004 Long Beach, NY 11561-9004 (516) 431-4441	Service Insurance Agency LLC 6850 Catawba Lane Richmond VA 23226 Phone: (800) 444-0205 Fax: (804) 288-7925	Producer Number: 5488
---	--	--------------------------

ITEM ONE

NAMED INSURED: Southern Express, Inc.

MAILING ADDRESS: 2531 Schieffelin Road, Apex, NC 27502

POLICY PERIOD: From: 04-26-2020 to: 04-26-2021

at 12:01 A.M. Standard Time at your
mailing address shown above.

PREVIOUS POLICY NUMBER: BA162980#10

FORM OF BUSINESS:☒ CORPORATION☐ LIMITED LIABILITY COMPANY☐ INDIVIDUAL☐ PARTNERSHIP☐ OTHERIN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$ 4,058
*ESTIMATED TOTAL PREMIUM	\$ 73,430

*This policy may be subject to final audit.

Premium shown is payable: \$ 9,498 at inception

AUDIT PERIOD (IF APPLICABLE) ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY**ENDORSEMENTS ATTACHED TO THIS POLICY:**CA0001(10/13), CA0128(10/13), CA0444-1(10/13), CA0449(11/18), CA2001(10/13), CA2384(10/13), CA2394(10/13),
CA2402(10/13), CA9928(10/13), CA9944(10/13), IL0003(09/08), IL0017(11/98), IL0021(09/08), IL1201AIP(11/85),
ILP001(01/04), INSTALL-SCHED(11/18), LIC-AM-EXCL(09/17), LIC-ASB-EXCL(06/17), LIC-CRA01(09/14), LIC-
NCRF-FEE-AB(10/18), LIC-PHN-MULTI-1(08/11), LIC-PHY-LTD-1(03/11), LIC-POLL-EX-1, LIC-PUN-DAM-
EXCL(06/17), LIC-WC-1(02/16), MC1612d(10/02), MC1632a(8/99), NC-LIC-UM-NOTICE(02/10)

Countersigned: April 30, 2020

By:

(Date)

(Authorized Representative)

NOTEOFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR
ELSEWHERE AT THE COMPANY'S OPTION.



POLICY NUMBER: BA162980#11

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT: THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7,8,9	\$5,000,000 Combined Single Limit	\$ 51,632
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		\$ SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		\$ SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PEDESTRIAN PIP		\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 10,000 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 7,284
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 10,000 DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 10,456
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$ 4,058
*ESTIMATED POLICY PREMIUM			\$ 73,430

*This policy may be subject to final audit.

**Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.



POLICY NUMBER: BA162980#11

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY				
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)		Origin al Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged				
1	2007 SETR CHR WKKA34CD573000465			75,000 ()	Apex, NC 27502				
2	2007 SETR CHR WKKA34CD273000441			75,000 ()	Apex, NC 27502				
3	2006 SETR CHR WKKA34CD763000398			65,000 ()	Apex, NC 27502				
4	2006 SETR CHR WKKA34CD063000338			65,000 ()	Apex, NC 27502				
5	2007 SETR CHR WKKA34CD773000452			75,000 ()	Apex, NC 27502				
6	2008 SETR CHR WKKA34DD783000600			90,000 ()	Apex, NC 27502				
7	2008 SETR CHR WKKA34DH483000685			90,000 ()	Apex, NC 27502				
8	2008 SETR CHR WKKA34DD883000606			90,000 ()	Apex, NC 27502				
9	2006 SETR CHR WKKA34CD863000376			75,000 ()	Apex, NC 27502				
10	2016 PREV CHR 2PCH33492GC713229			400,000 ()	Apex, NC 27502				
11	2016 PREV CHR 2PCH33499GC713230			385,000 ()	Apex, NC 27502				
12	2006 SETR CHR WKKA34CD463000388			80,000 ()	Apex, NC 27502				
13	2006 SETR CHR WKKA34CD263000387			80,000 ()	Apex, NC 27502				
14	2014 PREV CHR 2PCH33495EC712573			250,000 ()	Apex, NC 27502				
15	2013 PREV CHR 2PCH33492DC712142			225,000 ()	Apex, NC 27502				
16	2018 PREV CHR 2PCH33498JC710066			450,000 ()	Apex, NC 27502				
17	2018 PREV CHR 2PCH33494JC710100			450,000 ()	Apex, NC 27502				
18	2007 SETR CHR WKKA34CD973000453			75,000 ()	Apex, NC 27502				
19	2005 SETR CHR WKKA34CD153000265			45,000 ()	Apex, NC 27502				
CLASSIFICATION									
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss
					Liab.	Phy. Dam.			
1	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
2	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
3	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
4	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
5	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
6	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
7	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
8	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
9	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
10	LDIS		21-60	5	1.85	1.00	0.00	5409	See CA9944(10/13)
11	LDIS		21-60	5	1.85	1.00	0.00	5409	See CA9944(10/13)
12	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
13	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
14	LDIS		21-60	7	1.85	1.00	0.00	5409	See CA9944(10/13)
15	LDIS		21-60	8	1.85	1.00	0.00	5409	See CA9944(10/13)
16	LDIS		21-60	3	1.85	1.00	0.00	5409	See CA9944(10/13)
17	LDIS		21-60	3	1.85	1.00	0.00	5409	See CA9944(10/13)
18	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
19	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Southern Express Inc, a corporation duly organized under the laws of the state of North Carolina and issued a certificate of authority to transact business in South Carolina on April 8th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 23rd day
of April, 2021.


Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

At this time, this office can find no record of an entity using the name: Southern Express of North Carolina Inc

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of April, 2021.


Mark Hammond, Secretary of State